

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 OCT 23 AM 11:01

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Citizens for Josh Mandel, Inc.

ADDRESS (number and street)

50 W Broad Street

Suite 1900

Columbus

OH

43215-5929

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C

C00494930

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM

DD

YY

YY

YY

YY

in the
State of

MM

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YY

YY

YY

YY

in the
State of

MM

5. Covering Period

MM / DD / YYYY
07 / 01 / 2013MM / DD / YYYY
01 / 01 / 2013MM / DD / YYYY
01 / 01 / 2013

through

MM / DD / YYYY
09 / 30 / 2013MM / DD / YYYY
09 / 30 / 2013MM / DD / YYYY
09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathryn D. Kessler

Signature of Treasurer

Kathryn D. Kessler

Kathryn D. Kessler

Date

MM / DD / YYYY
10 / 15 / 2013MM / DD / YYYY
10 / 15 / 2013MM / DD / YYYY
10 / 15 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)